ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
CHILD CARE ASSISTANCE PROGRAM

In order to write vouchers to your facility, we must have your complete rate information on file. Effective July 1, 2003, DHS eliminated the use of hourly and before/after school time codes. These codes have been replaced by part-time and half-time codes. If you previously used hourly or before and after school codes, **you must now convert those to part-time and half-time rates.**

You should use the following guidelines to calculate part-time and half-time rates if you do not already have them established:

Full Day	Greater than 5 hours and up to 10 hours of care
Half-Time	Between 3-5 hours of care, inclusively
Part-Time	Less than 3 hours of care
Night Care	Weekday care where over ½ of the total hours are past 6:00pm
Weekend	Care on Saturday and/or Sunday

Complete the DAILY RATE AMOUNTS below then submit it in ONE of the following ways:

1. **Fax to 501-682-4897 OR**
2. **Mail to PO Box 1437, Slot S-160, Little Rock, AR 72203 OR**
3. **Submit online with an electronic signature by clicking Submit Form at the top of the page.**

According to Section V, Paragraph L of your Child Care System Participant Agreement (DHS-9800) DHS has ten (10) days from the date of receipt to input new rates. In addition, rate changes will only affect new authorizations created AFTER the rate change form submission. Unless there is a system error, we will not re-key authorizations once they have been written.

Rates for children participating in the voucher program cannot be higher than the rates charged for private pay clients. If you have any questions, please call us at 1-800-322-8176.

DAILY RATES

(Weekly rates will not be accepted.)

	Part-Time	Half-Time	Full Day	Night Care	Weekend
Infants (0-18 mos)					
Toddlers (18-36 mos)					
Pre-school (30-71 mos)					
School Age (72+ mos)					

I am requesting DHS to input rates for my child Care facility as listed above. I am authorized by my facility to make this request. I understand the provisions and conditions of rate changes.

Signature _____ Facility Name _____

License Number _____ City and ZIP _____

Telephone _____ Future Effective Date _____
(If applicable)

WHEN USING THE DIGITAL SIGNATURE, *DO NOT FAX OR MAIL THE FORM.*
YOU MUST CLICK "SUBMIT FORM" BUTTON AT THE TOP RIGHT OF THE WINDOW.
THE FORM WILL BE E-MAILED TO THE APPROPRIATE INDIVIDUAL.